STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013612	A. BUILDING: _____ B. WING _____	11/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH WOODS VILLAGE AT INVERNESS LAKE	8075 GLENCARIN BOULEVARD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for an initial State Licensure Survey. Survey date: November 16, 2015 Facility number: 013612 Census bed type: Residential: 17 Census payor type: Other: 17 Sample: 5 North Woods Village at Inverness Lake was found to be in compliance with 410 IAC 16.2-5 in regard to the initial State Licensure Survey. QR completed on November 17, 2015 by 17934.	R 000		